

RUSSELL (I)

The Recruiting Ground for  
Insane Asylums.

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BY  
IRA RUSSELL, M. D.,  
Winchendon, Mass.

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## THE RECRUITING GROUND FOR INSANE ASYLUMS.\*

BY IRA RUSSELL, M. D.,  
Winchendon, Mass.

It is an admitted fact that insanity is on the increase as compared with the increase of population. There are many causes producing this result, but it is not my purpose to discuss them or to enumerate them. While there is no doubt about the great improvement in the care and treatment of the insane; while there is no doubt that insane asylums are conducted in the very best manner; and while the superintendents are well qualified for the positions they occupy; nevertheless, the percentage of cures is unfortunately, small. Now why is it so? Is it due to any fault in the construction or management of these asylums? That cannot be alleged. The asylums are furnished with the very best outfit that money can provide, the best medical talent in the country is brought into requisition in their management, still there is an unfounded prejudice in the public mind against insane asylums. They are looked upon as a kind of purgatory, a prison, a place where untold cruelties are perpetrated. Why are the asylums regarded with so much repugnance by the laity and looked upon as prisons or monasteries? Is it not because no one can be received without a legal commitment, just the same as though he were sent to a house of correction or the penitentiary? Who are the proper authorities to decide whether a person is insane and needs hospital treatment? Is it the general practitioner of medicine who has never treated a case of insanity and some political judge who knows no more about insanity than he does about the man in the moon?

The prejudice against insane asylums is due to a variety of causes. A class of pseudo-philanthropists and pretended friends and protectors of the insane has done much to cause it. Then, again, by a great many, it is considered a disgrace to be insane; which accounts for the unwillingness of the friends of the insane to admit that there is anything the matter with the mind, and only in cases of acute mania and dementia, will asylum treatment be thought of. The onset of the disease, in a large proportion of

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cases, is insidious and slowly developed, and is not recognized by the friends or family physician. The insomnia, change of character, suspicions, likes and dislikes, and a great variety of other symptoms, are attributed to anything but the true cause. Thousands of such cases are kept at home without proper treatment, gradually growing worse, until at last, they can be endured no longer; and then, by fraud and deception, are dumped into an insane asylum. The golden period for curable treatment has passed and a large percentage of such cases become incurable. I have been surprised at the ignorance of many general practitioners in regard to the symptoms of insanity. I appeal to the superintendents here present who have received cases of general paresis. How many of these cases had been correctly diagnosed?

It is an admitted fact that insanity, in its early stage is a curable disease, and if properly treated, a large percentage will recover. The first thing to be done is separation of the patients from their homes and environments; and here a great mistake is often made; patients that need rest and medical care, are sent to the sea-shore, to the mountains, or on long sea voyages. But few cases under my observation have been benefited by such a course. But what must be done with such patients to secure early treatment? The stigma of legal commitment is the great bug-bear that keeps them from the insane asylum. What shall be done with them?

In England physicians are permitted to take one or two patients into their families, with good results. I doubt if it would work as well in this country; with us, physicians who are qualified for such a trust are too busy to take it, and those who have failed to secure practice are not qualified to assume it. As in England, we have private asylums and family homes in charge of competent men, with well-qualified attendants, educated and refined, fit companions for the most cultured patients. I have found that companionship, without the feeling of social degradation, is a great desideratum. In the family home treatment there should be nothing to remind the patient that he is in confinement. No barred doors and grated windows. Music, games, and social entertainments are essential; pleasant drives with careful drivers do much to divert the mind.

The number of patients must be limited, not exceeding ten or fifteen. The objection to such family homes is the expense; but few can avail themselves of their advantages.

Now it seems to me that there might be and ought to be

endowed intermediate institutions between the patient's home and the insane asylum, where patients suffering from mental troubles can be received without the stigma of legal commitment. Such institutions should be in the charge of competent physicians, and every patient should have individualized treatment.

Finally, I have a proposition, if we cannot have the intermediate institutions, viz.: that the insane asylums should have an annex, where voluntary patients might be received and treated by the medical staff without legal commitment. Let the annex be a preparatory school for admittance to the asylum, if you choose to call it so. I think that all must admit that while there is such a popular prejudice against insane asylums, some measures should be taken to secure proper treatment for the thousands that are drifting into hopeless insanity, before the curable stage is passed. Now, what can be more appropriate than the annex to the asylum to which I have referred?







